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"Fee Address" indica PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME ANI		ation form of a Customer E PRINTED ON T	on form registered attorney or agent) and the names of up to					
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4a. The following fee(s) are	small entity discount permitte	4b	Payment of Fee(s):  A check in the ar  Payment by cred	nount of the fee(s) is it card. Form PTO-20	enclosed. 38 is attached.		credit any overpayment, to	
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.	**	o longer claiming SM			(2)( )	
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this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C pplication form to the USPT is for reducing this burden, signia 22313-1450. DO NOT -1450. ction Act of 1995, no persons	o. Time will vary hould be sent to the SEND FEES OR C	depending upon the Chief Information C COMPLETED FORM	individual case. Any officer, U.S. Patent ar S TO THIS ADDRE	comments on the dark Of SS. SEND TO: 0	e amount of the fice, U.S. Dep Commissioner	me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	
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